
Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: *Regular*
Subject Matter:: *Utility*
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: *None*
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: *None*
Computer Readable Form (CRF)?:: *No*
Number of copies of CRF::
Title :: *CONTAINER FOR PIZZAS AND THE LIKE*
Attorney Docket Number:: *932.1351*
Request for Early Publication?:: *No*
Request for Non-Publication?:: *No*
Suggested Drawing Figure::
Total Drawing Sheets:: *3*
Small Entity?:: *Yes*
Latin name::
Variety denomination name::
Petition included?:: *No*
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: *No*

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Spain*

Country::

Status:: *Full Capacity*

Given Name:: *Pere*

Middle Name::

Family Name:: *Teixidor Casanovas*

Name Suffix::

City of Residence:: *Esparreguera*

**State or Province of
Residence::**

Country of Residence:: *Spain*

Street of mailing address:: *Pol. Ind. Can Roca, Parcel la 2*

City of mailing address:: *Esparreguera*

**State or Province of
mailing address::**

**Country of mailing
address::** *Spain*

**Postal or Zip Code of
mailing address::** *08292*

NOTE: *Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.*

Correspondence Information

Correspondence Customer 21831
Number ::

Name::

Street of mailing address::

City of mailing address::

**State or Province of mailing
address::**

Country of mailing address::

**Postal or Zip Code of mailing
address::**

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: *pto@steinbergraskin.com*

Representative Information

Representative Customer Number::	21831	
----------------------------------	-------	--

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/IB03/03450</i>	<i>07/23/03</i>

Assignee Information

Assignee name:: *Videcart, S.A.*
Street of mailing address:: *Ctra. de Aoiz s/n*
City of mailing address:: *Ibriku de Egües*
State or Province of mailing address::
Country of mailing address:: *Spain*
Postal or Zip Code of mailing address:: *31486*